## 2019-20 FAMILY INSTALLATION SURVEY
Columbia Gas of Ohio

### WATER HEATING

1) What type of water heater does your home use?  
   - [ ] Natural Gas  
   - [ ] Electric  
   - [ ] Other  
   - [ ] Don’t know

2) Did you check the hot water temperature in your home?  
   - [ ] Yes  
   - [ ] No

   If YES, was the hot water temperature higher than 120°F?  
   - [ ] Yes  
   - [ ] No

   If YES, did you decrease the temperature setting of your water heater?  
   - [ ] Yes, we decreased the setting  
   - [ ] No

   If you adjusted the water heater setting, by how many degrees was it decreased?  
   - [ ] 1-9°F  
   - [ ] 10-20°F  
   - [ ] 21-29°F  
   - [ ] 30-39°F  
   - [ ] 40°F or more

3) Did you install the KITCHEN FAUCET AERATOR?  
   - [ ] Yes  
   - [ ] No

4) Did you install the BATHROOM FAUCET AERATOR?  
   - [ ] Yes  
   - [ ] No

5) Did you install the LOW-FLOW SHOWERHEAD?  
   - [ ] Yes  
   - [ ] No

   If you answered NO, did you give it to someone else to install?  
   - [ ] Yes  
   - [ ] No

   If you answered YES, did the other person install it?  
   - [ ] Yes  
   - [ ] No

### INSULATION

1) Did you install the WEATHER STRIPPING?  
   - [ ] Yes  
   - [ ] No

### HEATING AND COOLING

1) What type of PRIMARY HEATING SYSTEM does your home use?  
   - [ ] Gas furnace  
   - [ ] Electric furnace  
   - [ ] Air source heat pump  
   - [ ] Baseboard/In-wall unit  
   - [ ] Other  
   - [ ] Don’t know

2) During the HEATING season, did you check the thermostat setting in your home?  
   - [ ] Yes  
   - [ ] No

   If YES, what was the setting?  
   - [ ] 61-63°F  
   - [ ] 64-66°F  
   - [ ] 67-69°F  
   - [ ] 70-72°F  
   - [ ] 73-75°F  
   - [ ] 76-78°F  
   - [ ] 79°F +  
   - [ ] Don’t know

3) For HEATING, did you decrease the thermostat setting in your home?  
   - [ ] Yes, we decreased the setting  
   - [ ] No, our thermostat is already at the recommended setting of 68°F  
   - [ ] No, other reason
If YES, by how much did you decrease the setting?

☐ 1-2° F  ☐ 3-4° F  ☐ 5-6° F  ☐ 7-8° F  ☐ 9° F or more

If YES, when did you decrease the setting?

☐ Both day and night  ☐ Only during the day  ☐ Only at night

CONCLUSION

1) How many people live in your home?  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6+

2) Is your home a single-family building? (This means your walls don’t touch another building.)  ☐ Yes  ☐ No

3) How much do you agree with the following:
   Based on what I’ve learned in the e3 Smart program, I will make energy savings a top priority in the decisions I make and the actions I take.

☐ Strongly Agree  ☐ Agree  ☐ Disagree  ☐ Strongly Disagree

OPTIONAL OPPORTUNITIES: Please indicate your interest below and provide your information:

4) _____ I am interested in learning more about how my utility providers can help with our energy needs.

5) _____ I would like to participate in a short follow-up survey to help my utility providers understand my experience with the e3 Smart Program. Your utility MAY contact you.

Parent/Guardian Name: ___________________________ Parent/Guardian Email: ______________________________

Parent/Guardian Phone: (__ __ __) __ __ __ - __ __ __ __

Parent/Guardian Address:___________________________ City:________________ State:_____ Zip:_______________